

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No.

PC25783A

First Inventor

Philip A. Carpino

Title

CANNABINOID RECEPTOR LIGANDS AND
USES THEREOF

Express Mail Label No.

EV442117505US

ADDRESS TO:

Mail Stop **Non Prov Patent Application**
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

- 1.
- ☒
- Fee Transmittal Form (e.g., PTO/SB/17)
-
- (Submit an original, and a duplicate for fee processing)

- 2.
- ☐
- Applicant claims small entity status
-
- See 37 CFR 1.27

- 3.
- ☒
- Specification [Total Pages
- 93
-]
-
- (preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

- 4.
- ☐
- Drawing(s) (35 U.S.C. 113) [Total sheets _____]

- 5.
- ☒
- Oath or Declaration [Total pages _____]
- a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

- 6.
- ☒
- Application Data Sheet. See 37 CFR 1.76

- 7.
- ☐
- CD-ROM or CD-R in duplicate, large table or
-
- computer Program (Appendix)
-
8. Nucleotide and/or Amino Acid Sequence Submission
-
- (if applicable, all necessary)

- a.
- ☐
- Computer Readable Copy (CRF)
-
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies)
 - ii. ☐ Paper
- c.
- ☐
- Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 9.
- ☐
- Assignment Papers (cover sheet & document(s))
-
- 10.
- ☐
- 37 CFR 3.73(b) Statement
- ☒
- Power of Attorney
-
- (when there is an assignee)
-
- 11.
- ☐
- English Translation Document (if applicable)
-
- 12.
- ☐
- Information Disclosure Statement (IDS)/PTO-1449
- ☐
- Copies of IDS
-
- Citations
-
- 13.
- ☐
- Preliminary Amendment
-
- 14.
- ☒
- Return Receipt Postcard (MPEP 503)
-
- (Should be specifically itemized)
-
- 15.
- ☐
- Certified Copy of Priority Document(s)
-
- (if foreign priority is claimed)
-
- 16.
- ☐
- Nonpublication Request under 35 U.S.C. 122
-
- (b)(2)(B)(i). Applicant must attach form PTO/SB/35
-
- or its equivalent.
-
- 17.
- ☐
- Other:

18. If a
- CONTINUING APPLICATION**
- , check appropriate box, and supply the requisite information below and in a preliminary amendment,
-
- or in an Application Data Sheet under 37CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group/Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box
5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts**19. CORRESPONDENCE ADDRESS**☒ Customer Number 28523 or ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)	Ardene K. Musser	Registration No. (Attorney/Agent)	37,895
Signature	<i>Ardene K. Musser</i>	Date	April 13, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

22782 U.S. PTO
10/822988

041204

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment \$2056

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number: 16-1445
Deposit Account Name: Pfizer Inc

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2203	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	filing fee	

Subtotal (1)s \$ 770

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	61	- 20** = 41	x 18 = 738
Independent Claims	6	- 3 = 3	x 86 = 258
Multiple Dependent			290 = 290

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue independent claims over original patent

(\$) 1286

**or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number	To be Advised
Filing Date	Herewith
First Named Inventor	Philip A. Carpino
Examiner Name	To be Advised
Art Unit	To be Advised
PC	PC25783A

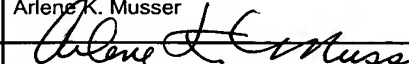
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late fee or oath	
1052 50	2052 25	Surcharge-late filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for Ex Parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other Fee (specify) _____			
*Reduced by Basic Filing Fee Paid			Subtotal (3) (\$)

SUBMITTED BY

(Complete if applicable)

Name (Printed/Type)	Arlene K. Musser	Registration No.	37,895	Telephone	860 715 0871
Signature		(Attorney Agent)			

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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